

**R-6642 (2/02)**  
**Form IT 710**

**State of Louisiana**  
**Department of Revenue**

**Statement of Claimant to Refund Due on Behalf of Deceased Taxpayer**

\_\_\_\_\_  
**Date Statement is Executed**

\_\_\_\_\_  
**Name of Deceased Taxpayer**

\_\_\_\_\_  
**Taxpayer's Social Security Number**

I, \_\_\_\_\_, hereby certify that I am the  
\_\_\_\_\_ of the deceased taxpayer and hereby  
**Relationship of other capacity**

**make a request for refund of the income taxes overpaid by or in behalf of the decedent.**

**I, the undersigned claimant, certify under all penalties, fines and forfeitures imposed by law for the making of false or fraudulent claims against the State of Louisiana or the making of false statements in connection therewith, declare that if said refund is issued to him/her, he/she will see that the proceeds thereof are disposed of according to law.**

\_\_\_\_\_  
**Signature of Claimant**

\_\_\_\_\_  
**Claimant's Social Security Number**

\_\_\_\_\_  
**Address of Claimant**

\_\_\_\_\_  
**City, State, ZIP Code**

\_\_\_\_\_  
**NOTE: A certificate of death must accompany this document.**